

NOTIFICATION OF NEW JERSEY UNIVERSAL WASTE HANDLER ACTIVITIES

NAME: _____ TITLE: _____

CORPORATION / COMPANY: _____

MAILING ADDRESS: _____

MUNICIPALITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____
area code area code

TYPE OF NOTIFICATION: _____ Small Quantity Handler _____ Large Quantity Handler
(Check one)

EPA IDENTIFICATION NUMBER: _____
(If submitting as a Large Quantity Handler)

MATERIALS TO BE HANDLED: (Check all that apply)

____ Batteries _____ Mercury Containing Devices _____ Consumer Electronics
____ Pesticides _____ Lamps _____ Oil-based Finishes

LOCATION WHERE ACTIVITY IS TO BE CONDUCTED: (If activity is to be conducted at more than one location, you must complete and submit a notification form for each location.)

MUNICIPALITY: _____ COUNTY: _____

STREET: _____ BLOCK # : _____ / LOT # : _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I further certify that the operation described herein satisfies the criteria for exemption as set forth in N.J.A.C. 7:26A-1.4. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I understand that, in addition to criminal penalties, I may be liable for a civil penalty pursuant to N.J.A.C. 7:26-5 and that submitting false information may be grounds for termination of any exemption.

Name (print) _____ Title (print) _____

Signature _____ Date: _____ / _____ / _____
Month Day Year

*** An unofficial copy of the Recycling Regulations, N.J.A.C. 7:26A-1.4, can be obtained from the Department's internet website at: www.state.nj.us/dep/dshw/resource/rules.htm**

Please complete and mail this form to: New Jersey Department of Environmental Protection, Division of Solid and Hazardous Waste, Bureau of Landfill & Recycling Management, P.O. Box 414, Trenton, New Jersey 08625-0414 or the form may be faxed to (609) 633-9839. You must also provide the host municipality and host county with a copy of this completed form.